

**Cape Cod Swim Club  
Team Specialty Meet  
Massachusetts Maritime Academy, Buzzards Bay, MA  
May 15-17, 2009  
Sanctioned by NE Swimming #NE-09-48 and #NE-09-48TT**

**CONTACT INFORMATION**

Team Name: \_\_\_\_\_ Abbreviation: \_\_\_\_\_  
 Deck Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Entries Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENTRY FEES**

_____	Individual non-Distance Electronic Entries	@ \$4.00	=	\$ _____
_____	Individual non-Distance Non-Electronic Entries	@ \$4.50	=	\$ _____
_____	Individual Distance (400yds +) Electronic Entries	@ \$5.00	=	\$ _____
_____	Individual Distance Non-Electronic Entries	@ \$5.50	=	\$ _____
_____	Swimmer Participation Fee	@ \$6.00	=	\$ _____
				Total: \$ _____

Make check payable to: **CCSC**

Mail entries and check to:  
 Alan Sanders  
 PO Box 623  
 Buzzards Bay MA 02532

Entry Start Date: April 15, 2009  
*For e-mailed entries, this form and payment  
 must be received within four business days  
 of your entry e-mail.*

**LIABILITY RELEASE**

Any swimmer whose entry is accepted will, for him/herself, his/her heirs, executors and administrations, waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Cape Cod Swim Club, Friends of the Cape Cod Swim Club and Massachusetts Maritime Academy for any and all injuries suffered by him/her at said meet. **In submitting this entry the undersigned team certifies that all athletes in the entry are registered with USA Swimming and understands that the team may be fined \$100 for each swimmer in the entry that is not registered with USA Swimming.**

\_\_\_\_\_  
 Signature of Authorized Team Official

\_\_\_\_\_  
 Date

Officials attending:  
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